Do not use this space.

25162

1. PLACE OF DEATH

County.......... Registration District No..........

Township.......... Primary Registration District No..........

File No.......... **6586** Registered No..........

City *City Hospital* No. *14th & Lafayette Ave* .... St. .... Ward)

2. FULL NAME *Wortley G. Horrell*

(a) Residence, No. *1610 Texas Ave* St., *23* Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

4. COLOR OR RACE *White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 23 - 1879*

7. AGE YEARS *54* MONTHS DAYS *5* IF LESS than 1 day, ...hrs. or ......min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Kennard Carfield*

10. Date deceased last worked at this occupation (month and year) *9/5/1917*

11. Total time (years) spent in this occupation *5*

12. BIRTHPLACE (CITY OR TOWN) *Jackson* (STATE OR COUNTRY) *Mo.*

13. NAME *Wm. G. Horrell*

14. BIRTHPLACE (CITY OR TOWN) *Jackson* (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Emily Cannon*

16. BIRTHPLACE (CITY OR TOWN) *Jackson* (STATE OR COUNTRY) *Mo.*

17. INFORMANT (ADDRESS) *Ernest Horrell 3300 Flora Blvd Maplewood*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Jackson, Mo.* DATE *July 31* 1933

19. UNDERTAKER (ADDRESS) *Sharkey 4300 Washington Blvd*

20. FILED JUL 30 1933 *J F Bledeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 28, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *No Physician in attendance*

.........., 19......, to ...., 19......

I last saw h.......... alive on ...., 19...... Death is said to have occurred on the date stated above, at *4.07* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Shock + Injuries (Fractured Skull) received in fall down stairs accidental

Other contributory causes of importance:

Accident

Name of operation.......... Date of..........

What test confirmed diagnosis?.......... Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *7/28*, 19 *33*

Where did injury occur? *St. Louis, Mo.*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *in Home*

Manner of injury *fall down stairs*

Nature of injury *Fracture of Skull*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify..........

(Signed) *W F Sweeney*

(Address) *City Morgue*

7/29/33